

To be completed by the individual applicant or, if the applicant is a partnership, corporation or other organization, by the person most directly involved in the sale.

1. Type of applicant ☐ Individual ☐ Partnership ☐ Corporation ☐ Other organization

2. Business name _____ Phone (_____) _____

Individual applicant

Complete questions 3 - 7 . Then proceed to Question 11.

3. Name _____ Phone (_____) _____
Last First Full middle Maiden name

Address _____
Street City County State Zip

4. Height _____ Weight _____ Color of hair _____ Color of eyes _____

5. Place of birth _____ Date of birth _____

6. Address(es) at which you have lived during the preceding five years.

Street City County State Zip

Street City County State Zip

7. Are you a U.S. citizen? If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status. ☐ Yes ☐ No

Partnership, corporation, other organization applicant

Complete questions 8 - 10.

8. Name _____ Phone (_____) _____

Address _____
Street City State Zip

9. Partnership If applicable, complete this question for general partners, then proceed to Question 11.

Name _____ Date of Birth _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Name _____ Date of Birth _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

10. Corporation/other organization

If applicable, complete this question for officers, then proceed to Question 11.

State of
incorporation/association _____

President
Name _____ Date of Birth _____
Last First Full middle Maiden name

Residence _____ Phone (_____) _____
Street City State Zip

Continue to page 2

Vice President

Name _____
Last First Full middle Maiden name

Date of Birth _____

Residence _____
Street City State Zip

Phone (_____) _____

Secretary

Name _____
Last First Full middle Maiden name

Date of Birth _____

Residence _____
Street City State Zip

Phone (_____) _____

Treasurer

Name _____
Last First Full middle Maiden name

Date of Birth _____

Residence _____
Street City State Zip

Phone (_____) _____

Additional information

11. Has applicant, any officer or partner been convicted of a crime other than a minor traffic offense? *If yes, give date, place and nature of conviction.* ☐ Yes ☐ No

12. Has applicant, any officer or partner been the subject of an investigation by any consumer protection agency, state attorney general, better business bureau or similar group? *If yes, list date and type of investigation, agency or office conducting investigation and outcome.* ☐ Yes ☐ No

13. Has applicant applied for and received a license pursuant to *Minnesota Statutes, Section 329.11*? ☐ Yes ☐ No

14. Has applicant, any officer or partner had a registration, license, and/or ID card for transient merchant revoked or denied by the City of Bloomington or any other governmental body in the three years before this application date? *If yes, explain.* ☐ Yes ☐ No

15. Description of merchandise to be sold. _____

16. Dates of sale. *Cannot exceed three consecutive days.* _____

17. Location of licensed event. _____

Notice and notarized signature

I have received from the City of Bloomington a copy of the city ordinance relating to transient merchants, and I will familiarize myself with its provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and present fitness to perform the duties of the occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license.

The information I have provided on this application is truthful. I authorize the City of Bloomington to investigate the information and contact persons/organizations named on this application.

Subscribed and sworn to before me, a
 Notary Public, on this _____ day
 of _____ 20 _____.
 Commission expires on _____.

Notary signature

X _____
Applicant signature